



# 2004 REMITTANCE VOUCHER SPECIFICATIONS

## List of Payment Voucher Forms:

N-1	Declaration of Estimated Income Tax for Individuals
N-3	Declaration of Estimated Income Tax for Corporations
N-5	Declaration of Estimated Income Tax for Estates and Trusts
N-100	Application for Automatic Extension to File Hawaii Return for a Partnership, Trust, or REMIC
N-101A	Application for Automatic Extension of Time to File Hawaii Individual Income Tax Return
N-200V	Individual Income Tax Payment Voucher
N-201V	Business Income Tax Payment Voucher
N-301	Application for Automatic Extension of Time to File Hawaii Corporation Income Tax Return
VP-1	GEW/TAT Tax Payment Voucher

**Note:** Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document. Examples of the payment vouchers depicted in this document are not to scale and should only be used only as a reference of the document's overall layout.

**Obsolete Payment Voucher Forms:**

N-288V      Payment Voucher for Statement of Withholding on Dispositions by  
Nonresident Persons of Hawaii Real Property Interests

**Payment voucher forms no longer processed by the automated processing system:**

N-100A      Application for Additional Extension of Time to File Hawaii Return for a  
Partnership, Trust, or REMIC

N-101B      Application for Additional Extension of Time to File Hawaii Individual Income  
Tax Return

## 2004 Remittance Voucher Specifications

The use of payment vouchers allows the Department to deposit collections and to process payment information more efficiently. Printing the vouchers as identified in page 1 with the appropriate taxpayer information will allow for automated processing of the payment.

### Common Form Layout

- The format and layout of each payment voucher must be similar to the official version.
- Payment voucher must be 8.5 inches wide and 3.75 inches high.
- Payment voucher must be printed on the bottom of the page, one per page, to ensure a straight line for the scanning equipment to read the scan line.
- The Form N-301 payment voucher has information on both the front (payment voucher) and the back (reasons for rejection) of the document. If duplex printing cannot be done, then print the reasons for rejection on a separate page. The dimension of the separate page is the same dimension as the payment voucher and must include the "DETACH HERE" dotted line separator indicator.

### Scan Line Printing

- Scan line must start 0.5 inch from the left edge.
- Bottom of scan line must be 0.5 inch from the bottom of the page.
- Scan line font must be OCR Font A, 12 point, 10 characters per inch.
- There must be an OCR scan bandwidth area that extends from the bottom of the page and with a height of 0.75 inches. The OCR scan bandwidth area is to be free of any print other than the OCR scan line itself, nor should there be any printing on the reverse side of this area.

### Example:

Form		Tax Year		STATE OF HAWAII — DEPARTMENT OF TAXATION		DO NOT WRITE OR STAPLE IN THIS SPACE					
<b>N-101A</b>		<b>2003</b>		<b>APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE HAWAII INDIVIDUAL INCOME TAX RETURN</b>							
<small>Form N-101A (Rev. 2003)</small>											
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM											
<input type="checkbox"/> Check this box if this is a change of address.				<table border="1"><tr><td>PNT</td><td>INT</td><td>LBL</td><td>008</td></tr></table>				PNT	INT	LBL	008
PNT	INT	LBL	008								
Your first name		M.I.	Last name	Your social security number		Tax Year Ending (MM/DD/YY)					
Jacob		J	Jinglehymmer-Schmidt	444-55-6666		12/31/03					
If joint return, spouse's first name		M.I.	Last name	Spouse's social security number		4-Month Extension Ending (MM/DD/YY)					
Jane		J	Jinglehymmer-Schmidt	777-88-9999		08/20/04					
Present mailing or home address (Number and street, including rural route)				Apartment number		Amount of Payment					
1756 Komo Mai Drive				801		\$741.00					
City, town, or post office		State	ZIP Code	Country	For office use only						
Pearl City		HI	96782-1402		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number and "2003 Form N-101A" on your check or money order.						

  

0002800110116 01 0820040 1231030 4445566666 7778899990 000000741000 → OCR Line									
--	--	--	--	--	--	--	--	--	--

0.5" Margin (left), 0.5" Margin (right), 0.5" Margin (bottom), 0.75" OCR Scan Bandwidth Margin (bottom)

### Printing

- Field constraints used in the vouchers (e.g., amount of payment field, tax period end date field, etc.) do not need to be recreated if values for these fields are printed in Courier font, 12 pt.

- All taxpayer-specific information not located on the OCR scan line must be printed in Courier font, 12 pt.

### Testing and Approval of Payment Vouchers

- A minimum of 20 hardcopy test samples of each tax type must be provided to ensure proper testing.
- The test samples must contain data in the scan line that simulates production data, with different SSN/FEINs and last names where applicable. For individual vouchers (N-1, N-101A, N-200V), submit test samples with single and joint taxpayer information.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of each voucher type must be obtained from the Department **prior** to filing.

### Scan Line Content

- Please refer to each payment voucher type for specifications regarding scan line and variable data placement.
- The Department has assigned a two-digit number to software developers who reproduce Hawaii forms. Refer to the Vendor I.D. Number Table. This identification number must be placed where specified on each scan line. If your company is not listed in the Vendor I.D. Number Table, please contact the Technical Section.

### Modulus 11 Check Digit Algorithm

- The Department uses a Modulus 11 Check Digit Algorithm for field values on the OCR scan line. Check digits are used to guard against incorrect scanning or transmission of data.
- A detailed explanation on how to calculate the check digit is on the last two pages of this document. Check digits should be calculated and added as indicated by the respective payment voucher OCR scan line specifications.

### Contact

- Mail all samples and correspondence regarding payment vouchers and related issues to:

State of Hawaii Department of Taxation  
Technical Section  
Attention: Alexis Shiohira, Forms Coordinator  
830 Punchbowl Street, Room 126  
Honolulu, HI 96813

[Technical\\_Section@tax.state.hi.us](mailto:Technical_Section@tax.state.hi.us)  
808-587-1577  
808-587-1584 (Fax)

**N-1 Declaration of Estimated Income Tax for Individuals**

Form N-1 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form					Tax Year		STATE OF HAWAII — DEPARTMENT OF TAXATION				DO NOT WRITE OR STAPLE IN THIS SPACE	
<b>N-1</b>					<b>2004</b>		<b>INDIVIDUAL ESTIMATED INCOME TAX</b>					
(Rev. 2003)							<b>Voucher No. 1</b>					
							Calendar Year — Due April 20, 2004					
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM												
<input type="checkbox"/> Check this box if this is a change of address.												
							LBL		008			
Your first name			M.I.	Last name			Your social security number					
Joe			A	Taxpayer			888-88-8888					
If joint return, spouse's first name			M.I.	Last name			Spouse's social security number					
Jane			B	Taxpayer			999-99-9999					
Present mailing or home address (Number and street, including rural route)							Apartment number					
425 Aloha Oi Street							101					
City, town, or post office			State	ZIP Code		Country		For office use only		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number and "2004 Form N-1" on your check or money order.		
Honolulu			HI	96813-5095								
Amount of Payment \$2500.00												
20036001001021 01 1231049 8888888888 9999999994 000002500000												

**OCR Scan Line Specifications For N-1**

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20036.
6-13	Form Number and Check Digit	Number	Set value to 00100102.
14	Voucher Number	Number	Value of 1 to 4.
15	Blank Space	Space	
16-17	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
18	Blank Space	Space	
19-24	Tax Period End Date	MMDDYY	
25	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
26	Blank Space	Space	
27-35	Taxpayer ID	Number	Taxpayer SSN
36	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
37	Blank Space	Space	
38-46	Taxpayer Spouse's ID	Number	Taxpayer Spouse's SSN. All zeroes if filing Single.
47	Taxpayer Spouse's ID Check Digit	Number	See Check Digit Calculation.
48	Blank Space	Space	
49-59	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
60	Amount of Payment Check Digit	Number	See Check Digit Calculation.

### N-3 Declaration of Estimated Income Tax for Corporations

Form N-3 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form		Tax Year		STATE OF HAWAII — DEPARTMENT OF TAXATION CORPORATION ESTIMATED INCOME TAX <b>Voucher No. 4</b>		DO NOT WRITE OR STAPLE IN THIS SPACE	
<b>N-3</b>		<b>2004</b>		<b>(Rev. 2003)</b>		THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.	
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM				<input type="checkbox"/> Check this box if this is a change of address.		<div> <div>LBL</div> <div>008</div> </div>	
Name of Corporation				FEIN		Tax Year Ending (MM/DD/YY)	
My Corporation				99-0123456		06/30/05	
Dba or C/O						Amount of Payment	
Happy Days Company						\$777.00	
Address				Suite number			
7500 Kalanianaʻole Hwy				1212			
City, town, or post office		State	ZIP Code	Country	For office use only		
Honolulu		HI	96825		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2004 Form N-3" on your check or money order.		
20036010003064 01 0630055 9901234560 000000??7005							

### OCR Scan Line Specifications For N-3

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20036.
6-13	Form Number and Check Digit	Number	Set value to 01000306.
14	Voucher Number	Number	Value of 1 to 4.
15	Blank Space	Space	
16-17	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
18	Blank Space	Space	
19-24	Tax Period End Date	MMDDYY	
25	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
26	Blank Space	Space	
27-35	Taxpayer ID	Number	Taxpayer FEIN.
36	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
37	Blank Space	Space	
38-48	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
49	Amount of Payment Check Digit	Number	See Check Digit Calculation.

**N-5 Declaration of Estimated Income Tax for Estates and Trusts**

Form N-5 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

DETACH HERE					DO NOT WRITE OR STAPLE IN THIS SPACE	
Form	Tax Year	STATE OF HAWAII — DEPARTMENT OF TAXATION ESTIMATED INCOME TAX FOR ESTATES AND TRUSTS				
<b>N-5</b>	<b>2004</b>	<b>Voucher 4</b>				
(Rev. 2003)						
THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.						
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM						
<input type="checkbox"/> Check this box if this is a change of address.						
				LBL	008	
Name of Estate or Trust				FEIN		
John Doe Trust				98-7654321		
Dba or C/O						
Address				Suite number		
98-211 Kaamilo Street						
City, town, or post office	State	ZIP Code	Country	For office use only		
Aiea	HI	96701				
						Tax Year Ending (MM/DD/YY) 12/31/04  Amount of Payment \$20,000.00
MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2004 Form N-5" on your check or money order.						
20036002005064 01 1231049 9876543216 000020000006						

**OCR Scan Line Specifications For N-5**

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20036.
6-13	Form Number and Check Digit	Number	Set value to 00200506.
14	Voucher Number	Number	Value of 1 to 4.
15	Blank Space	Space	
16-17	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
18	Blank Space	Space	
19-24	Tax Period End Date	MMDDYY	
25	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
26	Blank Space	Space	
27-35	Taxpayer ID	Number	Taxpayer FEIN.
36	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
37	Blank Space	Space	
38-48	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
49	Amount of Payment Check Digit	Number	See Check Digit Calculation.

## **N-100 Application for Automatic Extension to File Hawaii Return for a Partnership, Trust, or REMIC**

Form N-100 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form		Tax Year		STATE OF HAWAII — DEPARTMENT OF TAXATION		DO NOT WRITE OR STAPLE IN THIS SPACE	
<b>N-100</b> (Rev. 2003)		<b>2003</b>		<b>APPLICATION FOR AUTOMATIC EXTENSION TO FILE HAWAII RETURN FOR A PARTNERSHIP, TRUST, OR REMIC</b>			
<input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> REMIC DO NOT SUBMIT PHOTOCOPIES OF THIS FORM <input type="checkbox"/> Check this box if this is a change of address.				PNT INT LBL 008			
Name Hawaii Film Ventures Partnership				FEIN 30-5709897		Tax Year Ending (MM/DD/YY) 12/31/03	
Dba or C/O						3-Month Extension Ending (MM/DD/YY) 07/20/04	
Address 5101 Rodeo Parkway				Suite number		Amount of Payment \$100,000.00	
City, town, or post office Beverly Hills		State CA	ZIP Code 90210	Country	For office use only	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2003 Form N-100" on your check or money order.	
2002800010006 01 0720046 1231030 3057098977 000100000002							

### OCR Scan Line Specifications for N-100

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20028.
6-13	Form Number and Check Digit	Number	Set value to 00010006
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Extension Date	MMDDYY	
24	Extension Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-31	Tax Period End Date	MMDDYY	
32	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
33	Blank Space	Space	
34-42	Taxpayer ID	Number	Taxpayer FEIN.
43	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
44	Blank Space	Space	
45-55	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
56	Amount of Payment Check Digit	Number	See Check Digit Calculation.



## N-101A Application for Automatic Extension of Time to File Hawaii Individual Tax Return

Form N-101A has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form		Tax Year		STATE OF HAWAII — DEPARTMENT OF TAXATION				DO NOT WRITE OR STAPLE IN THIS SPACE	
<b>N-101A</b>		<b>2003</b>		<b>APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE HAWAII INDIVIDUAL INCOME TAX RETURN</b>					
<small>Form N-101A (Rev. 2003)</small>									
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM									
<input type="checkbox"/> Check this box if this is a change of address.				PNT		INT		LBL	
Your first name		M.I.	Last name		Your social security number		Tax Year Ending (MM/DD/YY)		
Jacob		J	Jinglehymmer-Schmidt		444-55-6666		12/31/03		
If joint return, spouse's first name		M.I.	Last name		Spouse's social security number		4-Month Extension Ending (MM/DD/YY)		
Jane		J	Jinglehymmer-Schmidt		777-88-9999		08/20/04		
Present mailing or home address (Number and street, including rural route)					Apartment number		Amount of Payment		
1756 Komo Mai Drive					801		\$741.00		
City, town, or post office		State	ZIP Code		Country		For office use only		
Pearl City		HI	96782-1402				MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number and "2003 Form N-101A" on your check or money order.		
2002800110116 01 0820040 1231030 4445566666 7778899990 000000741000									

### OCR Scan Line Specifications for Form N-101A

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20028.
6-13	Form Number and Check Digit	Number	Set value to 00110116.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Extension Date	MMDDYY	
24	Extension Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-31	Tax Period End Date	MMDDYY	
32	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
33	Blank Space	Space	
34-42	Taxpayer ID	Number	Taxpayer SSN
43	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
44	Blank Space	Space	
45-53	Taxpayer Spouse's ID	Number	Taxpayer Spouse's SSN. All zeroes if filing Single.

## 2004 Remittance Voucher Specifications

Position	Field	Format	Comment
54	Taxpayer Spouse's ID Check Digit	Number	See Check Digit Calculation.
55	Blank Space	Space	
56-66	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
67	Amount of Payment Check Digit	Number	See Check Digit Calculation.

## N-200V Individual Income Tax Payment Voucher

Form N-200V has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

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Form **N-200V** Tax Year **2003**  
(Rev. 2003)

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

☐ Check this box if this is a change of address.

☐ LBL ☐ 008

**STATE OF HAWAII — DEPARTMENT OF TAXATION**  
**INDIVIDUAL INCOME TAX PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

Your first name: **Tester**    M.I.: **J**    Last name: **Michael**    Your social security number: **101-20-3030**

If joint return, spouse's first name:    M.I.:    Last name:    Spouse's social security number:

Present mailing or home address (Number and street, including rural route): **989 Ala Wai Blvd**    Apartment number: **1701**

City, town, or post office: **Honolulu**    State: **HI**    ZIP Code: **96815**    Country:    For office use only:

**Amount of Payment**

**\$1581.00**

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your social security number, "2003", and form number of the tax return you are filing (e.g. "2003 Form N-11") on your check or money order.

2002800120006 01 1231030 1012030307 0000000000 000001581007

## OCR Scan Line Specifications For N-200V

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20028.
6-13	Form Number and Check Digit	Number	Set value to 00120006.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-34	Taxpayer ID	Number	Taxpayer SSN.
35	Taxpayer ID Check Digit	Number	See Check Digit Calculation.

## 2004 Remittance Voucher Specifications

Position	Field	Format	Comment
36	Blank Space	Space	
37-45	Taxpayer Spouse's ID	Number	Taxpayer Spouse's SSN. All zeroes if filing Single.
46	Taxpayer Spouse's ID Check Digit	Number	See Check Digit Calculation.
47	Blank Space	Space	
48-58	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
59	Amount of Payment Check Digit	Number	See Check Digit Calculation.

## N-201V Business Income Tax Payment Voucher

Form N-201V has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

Form <b>N-201V</b> Tax Year <b>2003</b> <small>(Rev. 2003)</small>		STATE OF HAWAII — DEPARTMENT OF TAXATION BUSINESS INCOME TAX PAYMENT VOUCHER		DO NOT WRITE OR STAPLE IN THIS SPACE	
<input type="checkbox"/> CORPORATION/PARTNERSHIP		<input type="checkbox"/> FIDUCIARY			
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM					
<input type="checkbox"/> Check this box if this is a change of address.					
Name <b>Lunch Bunch Partners</b>		FEIN <b>90-1234567</b>			
Dba or C/O				Calendar or Fiscal Year Ending (MM/DD/YY) <b>06/30/04</b>	
Address <b>617 Queen Street</b>		Suite number <b>301</b>		Amount of Payment <b>\$6000.00</b>	
City, town, or post office <b>Honolulu</b>	State <b>HI</b>	ZIP Code <b>96813</b>	Country	For office use only	
MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your FEIN, "2003", and form number of the tax return you are filing (e.g. "2003 Form N-30") on your check or money order.					
2002800020109 01 0630047 9012345672 000006000002					

## OCR Scan Line Specifications N-201V

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20028.
6-13	Form Number and Check Digit	Number	Set value to 00020109.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-34	Taxpayer ID	Number	Taxpayer FEIN.

## 2004 Remittance Voucher Specifications

Position	Field	Format	Comment
35	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
36	Blank Space	Space	
37-47	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
48	Amount of Payment Check Digit	Number	See Check Digit Calculation.

## N-301 Application for Automatic Extension of Time to File Hawaii Corporation Income Tax

Form N-301 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

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Form **N-301** Tax Year **2003** STATE OF HAWAII — DEPARTMENT OF TAXATION  
APPLICATION OF AUTOMATIC EXTENSION OF TIME TO FILE  
HAWAII CORPORATION INCOME TAX  
(Rev. 2003)

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

☐ Check this box if this is a change of address.

Name Good Kine Stuff of Hawaii Inc.	FEIN 91-0102030
Db/a or C/O	
Address 711 Kapiolani Blvd	
City, town, or post office Honolulu	State HI
ZIP Code 96813-5238	Country
Suite number 1080	
For office use only	

DECLARATION I declare, under the penalties set forth in section 231-36, HRS, that the statements contained herein are true and correct and that I have been authorized by the above-named entity to make this application.

Signature	Title	Date
-----------	-------	------

DO NOT WRITE OR STAPLE IN THIS SPACE

Calendar or Fiscal Year Ending (MM/DD/YY)  
09/30/04

Amount of Payment  
\$999.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write  
your Federal Employer I.D. Number and "2003 Form N-301"  
on your check or money order.

2002801030108 01 0930040 9101020302 000000999008

## OCR Scan Line Specifications For N-301

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20028.
6-13	Form Number and Check Digit	Number	Set value to 01030108.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-34	Taxpayer ID	Number	Taxpayer FEIN.

## 2004 Remittance Voucher Specifications

Position	Field	Format	Comment
35	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
36	Blank Space	Space	
37-47	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents. No decimal point.
48	Amount of Payment Check Digit	Number	See Check Digit Calculation.

### VP-1 GEW/TAT Tax Payment Voucher

Form VP-1 has an OCR scan line as depicted in the figure below. The specifications for the OCR scan line are shown in the subsequent table.

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Form **VP-1** Tax Year **2004**  
(Rev. 2003)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
TAX PAYMENT VOUCHER

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

Name (Please print): Joe Taxpayer

Tax Type (check only 1)      Filing Period (check only 1)

☒ General Excise (GE)

☐ Transient Accommodations (TA)

☐ Hawaii Withholding (WH)

☐ Rental Motor & Tour Vehicle (RV)

☒ Period

Period Begin (MM/DD/YY) 04/01/04

Period End (MM/DD/YY) 04/30/04

☐ Annual (Calendar or Fiscal Year)

Tax Year Begin (MM/DD/YY)           

Tax Year End (MM/DD/YY)

DO NOT WRITE OR STAPLE IN THIS SPACE

Print the amount of your payment in the space provided. ATTACH THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR". Write the tax type, the filing period, and your Hawaii ID. No. number on your check or money order.

Taxpayer I.D. No.  
11111111

Amount of Payment  
\$499.99

2003600090107 01 0430048 111111110 000000499994

### OCR Scan Line Specifications For VP-1

Position	Field	Format	Comment
1-5	OCR scan line Revision Year and Check Digit. This is NOT the tax year.	Number	Set value to 20036.
6-13	Form Number and Check Digit	Number	Set value to 00090107.
14	Blank Space	Space	
15-16	Vendor I.D. Number	Number	2-Digit Number. See Vendor I.D. Number Table.
17	Blank Space	Space	
18-23	Tax Period End Date	MMDDYY	
24	Tax Period End Date Check Digit	Number	See Check Digit Calculation.
25	Blank Space	Space	
26-33	Taxpayer ID	Number	Taxpayer General Excise ID.
34	Taxpayer ID Check Digit	Number	See Check Digit Calculation.
35	Blank Space	Space	

## 2004 Remittance Voucher Specifications

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Position	Field	Format	Comment
36-46	Amount of Payment	Number	Left zero-filled. Two (2) right most digits represent cents.
47	Amount of Payment Check Digit	Number	See Check Digit Calculation.

### Vendor I.D. Numbers Table

Vendor I.D. Number	Company
10	ATX Forms Inc.
11	Aatrix Software, Inc.
12	Alpine Data, Inc.
14	Best Software, CPA Software Product
15	CCH Incorporated (KS)
16	CCH Incorporated (CA)
17	CCH Incorporated (IL)
20	Creative Solutions
24	Data Technology Group
25	Deloitte and Touche Tax Technologies LLC
30	Drake Software
31	Exactax, Inc.
40	H&R Block
45	Independent Systems and Programming, Incorporated
50	Intuit

Vendor I.D. Number	Company
55	Jackson Hewitt Tax Service
57	MasterTax
58	Orrtax Software, Inc.
59	Petz Enterprises, Inc.
60	Rhodes Computer Services, Inc
61	Payroll Tax People LLC
65	RIA
70	STF Services Corporation
74	Tax\$imple, Inc.
75	TaxWorks by Laser Systems
77	TriTech Software Development Corporation
79	Universal Tax Systems, Inc.
80	Vertex Inc. – Sarasota
85	Wal-Mart Stores, Inc., Financial Support Division
90	2 <sup>nd</sup> Story Software, Inc.

## Modulus 11 Check Digit Algorithm

The purpose of the check digit is to guard against errors caused by incorrect scanning of a numeric field. The Department uses the Modulus-11 check digit routine to calculate the check digit of a numeric field on the OCR scan line. Starting from the farthest right position and working through the farthest left position of the field, the Modulus-11 check digit routine will apply (multiply by) a weight factor, from 2 to 9, against each position within the field. Thus, the weight factor of 2 is applied against the farthest right position, weight factor of 3 is applied against the next position, then weight factor 4 is used, and so on until reaching the farthest left position of the field or upon reaching the weight factor of 9. The weight factor recycles back to 2 upon reaching the weight factor of 9. The process below outlines the steps to calculate the check digit value.

**Step 1.** Multiply each digit position by the corresponding weight. Digit positions are referenced from right to left.

Digit Position	13	12	11	10	9	8	7	6	5	4	3	2	1
Weight	6	5	4	3	2	9	8	7	6	5	4	3	2

↑

\* Note that at position 9 the weight value recycles starting at 2 and will continue to increment by 1 from right to left.

**Step 2.** Add sum of the products (number and weight).

**Step 3.** If the total is greater than 11, divide the sum by 11. If the total is less than 11, multiply the total by 100 and divide the result by 11

**Step 4.** If the remainder is 0 or 1, then the remainder is the check digit. If the remainder is greater than 1, subtract the remainder from 11, and the result is the check digit.

### EXAMPLE 1: 9 digit social security number 743-57-8847

**Step 1 & 2:** \*Note that the weight value recycles from right to left from 2 starting at position 9.

Position	11	10	9	8	7	6	5	4	3	2	1	
Number	0	0	7	4	3	5	7	8	8	4	7	← SSN
X Weight	4	3	2	9	8	7	6	5	4	3	2	
Total	0	0	14	36	24	35	42	40	32	12	14	= 249

**Step 3:** Divide the total by 11 and determine the remainder:  $249 / 11 = 22$  with a remainder of 7.

**Step 4:** Since the remainder is greater than 0, subtract 7 from 11: The check digit is 4.



Add the check digit to the lowest digit position of the original number, in this case 4 is added to the right end of the original 9-digit number resulting in **7435788474**.

**EXAMPLE 2:** 11 digit dollar amount \$1,234,567.89 is equivalent to 00123456789 without the decimal point.

**Step 1 & 2:** \*Note that the weight value recycles from right to left from 2 starting at position 9.

Position	<u>11</u>	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	
Number	0	0	1	2	3	4	5	6	7	8	9	← 11-digit
X Weight	4	3	2	9	8	7	6	5	4	3	2	
Total	0	0	2	18	24	28	30	30	28	24	18	= 202

**Step 3:** Divide the total by 11 and determine the remainder:  $202 / 11 = 18$  with a remainder of 4.

**Step 4:** Since the remainder is greater than 0, subtract 4 from 11: The check digit is 7.

Add the check digit to the lowest digit position of the original number, in this case 7 is added to the right end of the original 11-digit number resulting in **001234567897**.

**EXAMPLE 3:** 4-digit tax year 2003

**Step 1 & 2:** \*Note that the weight value recycles from right to left from 2 starting at position 9.

Position	<u>11</u>	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	
Number	0	0	0	0	0	0	0	2	0	0	3	← Tax Year
X Weight	4	3	2	9	8	7	6	5	4	3	2	
Total	0	0	0	0	0	0	0	10	0	0	6	= 16

**Step 3:** Divide the total by 11 and determine the remainder:  $16 / 11 = 1$  with a remainder of 5.

**Step 4:** Since the remainder is greater than 0, subtract 5 from 11: The check digit is 6.

Add the check digit to the lowest digit position of the original number, in this case 6 is added to the right end of the original 4-digit tax year resulting in 20036.